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Response Under 37 CFR § 1.116
Expedited Procedure - Group 2672

In re Application of:

Docket No. 00169.001418

CAMERON BOLITHO BROWNE, et al.

Application No.: 09/379,722

Examiner: C. Harrison

Filed: August 24, 1999

Group Art Unit: 2672

For: METHOD AND APPARATUS FOR
ORIENTATING A CHARACTER STROKE

Date: November 18, 2002 (Monday)

Box AF
Commissioner for patents
Washington, D.C. 20231

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I hereby certify that this correspondence is being
deposited with the United States Postal Service as first-
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(Date of Deposit)

Andrew D. Mickelsen, Reg. No. 50,957

Name of Attorney for Applicant

Andrew D. Mickelsen

Signature

11/18/02

Date of Signature

Sir:

Transmitted herewith is an Amendment After Final Rejection in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 99	MINUS	** 105	= 0	x \$9 \$18	\$ 0
INDEP. CLAIMS	* 3	MINUS	*** 9	= 0	x \$42 \$84	\$ 0
Fee for Multiple Dependent claims \$140°/\$280						\$ 0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$ 0

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.

- ☐ A check in the amount of \$____ is enclosed.
- ☐ Charge \$____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☒ A check in the amount of \$110.00 to cover the fee for a one month extension is enclosed.
- ☐ A check in the amount of \$____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicants

Registration No. 50,157

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